

State of Oregon Drinking Water Program  
**Monthly Disinfection Report for Ground Water Systems**

System Name TRIANGLE LAKE CHARTER SCHOOL

PWS ID# 41 90566



Month/Year 12/2024

Entry Point: SOUTH KITCHEN SINK

Required Minimum Residual 0.2 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	SUN			NO SCHOOL
2	5:30		.55	
3	5:30		.54	
4	5:30		.56	
5	5:30		.59	
6	FRI			NO SCHOOL
7	SAT			NO SCHOOL
8	SUN			NO SCHOOL
9	6:00		.57	
10	5:30		.59	
11	5:30		.60	
12	5:30		.63	
13	FRI			NO SCHOOL
14	SAT			NO SCHOOL
15	SUN			NO SCHOOL
16	6:00		.65	
17	6:00		.64	
18	5:30		.67	
19	5:30		.71	
20	FRI			NO SCHOOL
21	SAT			NO SCHOOL
22	SUN			NO SCHOOL
23	6:00		.70	
24	5:30		.67	CHRISTMAS EVE
25	6:00			CHRISTMAS DAY
26	5:30			DAY OFF
27	FRI			NO SCHOOL
28	SAT			NO SCHOOL
29	SUN			NO SCHOOL
30	6:00		.60	
31	5:30		.59	NEW YEARS EVE

Was the chlorine residual ever less than the required minimum residual of mg/L? ☐ Yes ☒ No

If yes, what was the longest time period until the required level was restored? hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

**GWS Serving 3,300 or Fewer**

If yes, did you monitor every four hours until the residual returned to mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

**GWS Serving More Than 3,300**

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed:

/ /

Date it was returned to service:

/ /

Printed Name: SHANE BENSCOTER

Title:  
MAINTENANCE/FACILITIES

Operator Certification #:

Signature: 

Phone #: (541) 925-2175

OR

Date: 1 / 6 / 2025

Small Groundwater System ☐

Return by 10<sup>th</sup> of following month by either email [dpw.dmce@state.or.us](mailto:dpw.dmce@state.or.us); fax 971-673-0694;  
or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.